

TRAVEL EXPENSE CLAIM

STD 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side




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CLAIMANT'S NAME William S. Haraf		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Financial Institutions	
POSITION Commissioner	CB/ID NUMBER	DIVISION OR BUREAU Executive Division			INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 45 Fremont Street, Suite 1700			TELEPHONE NUMBER (415) 263-8507
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		San Francisco	CA	94105

(1) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)	TRANSPORTATION				(8)	(9)
May 09		LOCATION	LODGING	BREAK-FAST	LUNCH	O.T.,L/T., N/C,RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
WHERE EXPENSES WERE INCURRED		MILES									AMOUNTS			
5/1		Transit Subsidy						65.00						65.00
5/2		1/2Oakland/Las Vegas							Toll	4.00	72	39.60		43.60
		and return							P	16.00			59.90	75.90
5/4		San Francisco (SFBAA)											50.00	50.00

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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
May 18 - 20 -- Washington, D.C. To attend the CSBS 2009 Annual Business Meeting and Board of Directors Meeting 2009 Annual Business Meeting and Board of Directors Meeting at the Virginia Square Seidman Center in Arlington, Virginia (7(c) Taxicab Fares to and from meetings in Washington DC. (Airfare paid by Department)		730 - 1800
		(13) PRIVATE VEHICLE LICENSE No.
		(14) MILEAGE RATE CLAIMED
		.55
		Agency Accounting Office Use Only
F- 11 D-53		
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT
	5/282009	
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)		DATE
		6/2/09